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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) CMS Energy Corporation Employees for Better Government- Federal One Energy Plaza ADDRESS (number and street) EP8-220 (Check if address is changed) Jackson 49201 MI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS megan.cary@cmsenergy.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.EmployeesforBetterGovernment.com (Check if address is changed) DATE 09 2015 C00075473 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Ms. Jan Anderson Type or Print Name of Treasurer Ms. Jan Anderson [Electronically Filed] 2015 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. FEC FORM 1 (Revised 06/2012)

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